



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
UT-4700

**1997 ECONOMIC CENSUS
TRANSPORTATION SERVICES**

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

UT-4700

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

- 096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

- 001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation – Give date at right
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded** to **thousands** of dollars.

Example: If a figure is **\$1,125,628.79** report

• **Preferred**
Acceptable

Mil-
lions
(000)

1

126

Thou-
sands
(000)

1

125

Dol-
lars
(000)

629

Item 4. DOLLAR VOLUME OF BUSINESS

Operating revenue in 1997

Shipping agents and brokers should include COMMISSIONS, not gross charges. Freight forwarders should include the DIFFERENCE between the gross charges and the amounts paid to other transportation companies (net).

Mil.

Thou.

Dol.

010

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil.

Thou.

Dol.

030

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Item 7. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

- 003 1 ☐ Individual owner (sole proprietorship)
2 ☐ Partnership
5 ☐ Governmental – Specify
0 ☐ Corporation
0 ☐ Subchapter "S" corporation
9 ☐ Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this establishment’s PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Freight transportation arrangement

070

- Air freight forwarder

Ocean or other freight forwarder

Nonvessel operating common carrier (NVOCC)

Shipping agent

Customhouse broker

Freight rate auditor

Tariff consultant

☐ 4731101

☐ 4731102

☐ 4731103

☐ 4731211

☐ 4731212

☐ 4731221

☐ 4731222

Other freight broker or arranger – Describe

☐ 4731213

Motor vehicle and highway transportation services

- Towing, wrecker service

Inspection or weighing service

Toll road or bridge, highway bridge, or tunnel operation

☐ 7549201

☐ 4785021

☐ 4785022

Railroad transportation services

- Rental of railroad cars

Railroad car repair on a contract or fee basis

Railroad car loading and unloading (except containers)

☐ 4741001

☐ 4789011

☐ 4789012

Other transportation services

- Physical distribution or logistics consulting

Packing and crating goods for shipping

Marine cargo inspectors and surveyors

Horse-drawn cabs and carriages

Travel agency

Tour operator

☐ 8742402

☐ 4783001

☐ 4785012

☐ 4789032

☐ 4724003

☐ 4725002

Other kind of business or activity – Describe

☐ 7777777

Item 9. SOURCES OF REVENUE

Please read instructions below before completing this item.

Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS in upper right column)

Item 9. SOURCES OF REVENUE – Continued

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

• Report whole percents

Not acceptable

Mil.

Thou.

Dol.

Per-cent

39

38.76

Sources of revenue

Cen-sus use

ESTIMATES are acceptable. Report dollars OR percents.

Mil.

Thou.

Dol.

Per-cent

1. Agency or brokerage commissions and fees for arranging the transportation of freight and cargo

700

701

702

2. Freight forwarding (net)

7000

3. Process, physical distribution, and logistics consulting (Include fees received for consulting and advising clients. Exclude fees received for providing management services for day-to-day operation.)

7010

4. Motor vehicle towing

7020

5. Other freight-related services (including consolidation of freight, document preparation, storage, etc.)

7030

6. All other operating revenue – Describe

076

7040

7. TOTAL (Should equal item 4 if reporting in dollars)

9810

100%

Item 10. SPECIAL INQUIRIES

759

COST OF PURCHASED TRANSPORTATION

a. Did this establishment use purchased transportation in 1997?

- 1 ☐ Yes – Continue with line b

2 ☐ No – Skip to item 11

b. Report the cost of transportation purchased in 1997 for each of the following modes of transport:

Mil. Thou. Dol.

(1) Air carrier

761

(2) Motor carrier

762

(3) Railroad

763

(4) Water carrier

764

(5) Other (including pickup, delivery, and transfer service)

765

(6) TOTAL purchased transportation (Sum of lines (1) through (5))

760

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1 ☐ Yes – Complete this item

2 ☐ No – Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

ITEM 11 CONTINUED ON PAGE 3

